

# Town of Cortland

*Effective Date: December 1, 2022 / January 1, 2023*

## *Renewal Summary*

Coverage	Carrier	Comment
Medical	Humana	+9%, equates to \$14,800 annually
Dental (12/1 Renewal)	SunLife	No rate change
Vision	Humana	No rate change
Basic Life/AD&D	Principal	No rate change

# Town of Cortland

MEDICAL CARRIER:	Humana		
Plan (Network)	IL 100/70 HumanaPPO 08 Coins		
		In-Network	Out-of-Network
Individual Deductible		\$5,000	\$15,000
Family Deductible		\$10,000	\$30,000
Coinsurance		100%	70%
Individual OOP*		\$0	\$8,000
Family OOP*		\$0	\$16,000
Primary Care Physician Services		Deductible	Ded + 30%
Specialist Services		Deductible	Ded + 30%
Virtual Visits		N/A	
Urgent Care		Deductible	Ded + 30%
Emergency Room		Deductible	Deductible
Inpatient Hospital Services		Deductible	Ded + 30%
Outpatient Hospital Services		Deductible	Ded + 30%
Rx Copay (Level 1 / 2 / 3 )		\$15 / \$30 / \$50 copay	
Monthly Rates		Inforce	Renewal
Employee Only	11	\$739.66	\$807.33
Employee + Spouse	1	\$1,627.24	\$1,776.12
Employee + Child(ren)	1	\$1,405.34	\$1,533.93
Family	1	\$2,292.93	\$2,502.73
		Inforce	Renewal
TOTAL Monthly	14	\$13,462	\$14,693
TOTAL Annually		\$161,541	\$176,321
Plan Difference vs Inforce		\$14,780	
Plan % Change vs Inforce		9%	

\*Out-of-Pocket limits include the deductible

\*This spreadsheet is for comparison purposes only. Refer to your contract for actual benefits

CBIZ has made every effort to supply you with an accurate and comprehensive proposal, however, we will not be bound by any typographical errors or omissions contained herein.

# Town of Cortland

Program Year 1/1/2022 - 12/31/2022

## Health Reimbursement Arrangement Utilization Report

	<sup>1</sup> Maximum Plan				
	Employee Count	Liability	Amount Reimbursed	Plan Balance	% Utilization
<sup>2</sup> Active Participant Totals:	14	\$85,500.00	\$26,611.57	\$58,888.43	31.12 %
<sup>3</sup> Inactive Participant Totals:	1	\$4,750.00	\$0.00	\$4,750.00	0.00 %
<b>Active/Inactive Participant Totals:</b>	<b>15</b>	<b>\$90,250.00</b>	<b>\$26,611.57</b>	<b>\$63,638.43</b>	<b>29.49 %</b>

### Active Participant Plan Type/Coverage Enrollment Counts

In/Out Network Deductible (01/01/2022 - 12/31/2022)

Single	10
Employee + 1	2
Family	2
<b>Total:</b>	<b>14</b>

**Average Reimbursement Amount:** \$2,956.84

**Number of Participants Receiving Reimbursements:** 9

Reimbursement Range	Participant Count
\$0	6
\$0.01 - \$500	1
\$500.01 - \$1,000	2
\$1,000.01 - \$2,500	1
\$2,500.01 - \$5,000	3
\$5,000.01 - \$10,000	2
\$10,000.01 - \$15,000	0
\$15,000.01 +	0



# Town of Cortland

Program Year 1/1/2021 - 12/31/2021

## Health Reimbursement Arrangement Utilization Report

	Employee Count	<sup>1</sup> Maximum Plan Liability	Amount Reimbursed	Plan Balance	% Utilization
<sup>2</sup> Active Participant Totals:	15	\$90,250.00	\$32,122.18	\$58,127.82	35.59 %
<sup>3</sup> Inactive Participant Totals:	4	\$28,500.00	\$2,386.88	\$26,113.12	8.38 %
<b>Active/Inactive Participant Totals:</b>	<b>19</b>	<b>\$118,750.00</b>	<b>\$34,509.06</b>	<b>\$84,240.94</b>	<b>29.06 %</b>

### Active Participant Plan Type/Coverage Enrollment Counts

In/Out Network Deductible (01/01/2021 - 12/31/2021)

Single	11
Employee + 1	2
Family	2
<b>Total:</b>	<b>15</b>

**Average Reimbursement Amount:** \$3,450.91

**Number of Participants Receiving Reimbursements:** 10

Reimbursement Range	Participant Count
\$0	9
\$0.01 - \$500	2
\$500.01 - \$1,000	0
\$1,000.01 - \$2,500	3
\$2,500.01 - \$5,000	4
\$5,000.01 - \$10,000	1
\$10,000.01 - \$15,000	0
\$15,000.01 +	0

# Town of Cortland

Program Year 1/1/2020 - 12/31/2020

## Health Reimbursement Arrangement Utilization Report

	Employee Count	<sup>1</sup> Maximum Plan Liability	Amount Reimbursed	Plan Balance	% Utilization
<sup>2</sup> Active Participant Totals:	17	\$99,750.00	\$34,763.38	\$64,986.62	34.85 %
<sup>3</sup> Inactive Participant Totals:	1	\$4,750.00	\$4,750.00	\$0.00	100.00 %
<b>Active/Inactive Participant Totals:</b>	<b>18</b>	<b>\$104,500.00</b>	<b>\$39,513.38</b>	<b>\$64,986.62</b>	<b>37.81 %</b>

### Active Participant Plan Type/Coverage Enrollment Counts

In/Out Network Deductible (01/01/2020 - 12/31/2020)

Single	13
Employee + 1	2
Family	2
<b>Total:</b>	<b>17</b>

**Average Reimbursement Amount:** \$3,292.78

**Number of Participants Receiving Reimbursements:** 12

Reimbursement Range	Participant Count
\$0	6
\$0.01 - \$500	1
\$500.01 - \$1,000	2
\$1,000.01 - \$2,500	1
\$2,500.01 - \$5,000	7
\$5,000.01 - \$10,000	1
\$10,000.01 - \$15,000	0
\$15,000.01 +	0

# Town of Cortland

DENTAL CARRIER:	SunLife		
Plan (Network)	Dental PPO		
	In-Network	Out-of-Network	
<b>Deductible</b>			
Individual		\$50	
Family		\$150	
Waived for Preventive?		Yes	
<b>Coinsurance</b>			
Preventive	100%	100%	
Basic	100%	80%	
Major	60%	50%	
<b>Calendar Year Maximum</b>		\$1,000	
<b>Monthly Rates</b>		Inforce	Renewal
Employee:	10	\$28.86	\$28.86
Employee + Spouse:	2	\$58.00	\$58.00
Employee + Child(ren):	2	\$76.07	\$76.07
Family:	1	\$105.20	\$105.20
		Inforce	Renewal
TOTAL Monthly	15	\$662	\$662
TOTAL Annually		\$7,943	\$7,943
Plan Difference vs Inforce		\$0	
Plan % Change vs Inforce		0%	



# Town of Cortland

VISION CARRIER:		Humana	
Plan (Network)			
		In-Network	Out-of-Network
<b>Eye Exam</b>			Reimbursement:
Frequency		Once every 12 months	
Benefit		\$10 copay	Up to \$30
<b>Lenses</b>			
Frequency		Once every 12 months	
Benefit			Reimbursement:
Single Vision		\$15 copay	Up to \$25
Bifocal		\$15 copay	Up to \$40
Trifocal		\$15 copay	Up to \$60
Lenticular		\$15 copay	Up to \$100
<b>Contact Lenses</b>			
Frequency		Once every 12 months	
Allowance		Up to \$40	N/A
<b>Frames</b>			
Frequency		Once every 24 months	
Allowance		\$130; 20% off balance over \$130	\$65 Allowance
<b>Monthly Rates</b>		Inforce	Renewal
EE:	11	\$6.90	\$6.90
EE + SP:	2	\$13.80	\$13.80
EC:	1	\$13.11	\$13.11
Family:	1	\$20.60	\$20.60
		Inforce	Renewal
TOTAL Monthly	15	\$137	\$137
TOTAL Annually		\$1,647	\$1,647
<b>Plan Annual Total</b>			
Plan Difference vs Inforce		\$0	
Plan % Change vs Inforce		0%	

# Town of Cortland

<b>LIFE INSURANCE CARRIER:</b>	<b>Principal</b>	
Employee Life/AD&D Benefit	\$50,000	
Employee Life/AD&D Maximum	\$50,000	
Employee Guarantee Issue	\$50,000	
Employee Count	16	
Volume	\$782,500	
	Inforce	Renewal
Life/AD&D Rate	\$0.334	\$0.334
Monthly Premium	\$261	\$261
Annual Premium	\$3,136	\$3,136
Premium Difference vs Inforce	\$0	
Premium % Difference vs Inforce	0%	



## Town of Cortland

Proposed Date	Action Item	Responsible Party
<b>November 7, 2022</b>	Initial Renewal Meeting	CBIZ/Client
<b>November 14, 2022</b>	Final Decisions & Contributions	Client
<b>November 18, 2022</b>	Open Enrollment Materials	CBIZ/Client
<b>November 21, 2022</b>	OE Begins	CBIZ/Client
<b>November 30, 2022</b>	OE Ends	CBIZ/Client
<b>December 1, 2022</b>	2022/2023 Enrollments sent to Carriers	CBIZ/Client
<b>December 1, 2022 / January 1, 2023</b>	Effective Date	CBIZ/Client